

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022542

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 120 Primary Registration District No. _____ Registrar's No. 60

FILED JUN 26 1962

1. PLACE OF DEATH

a. COUNTY Gentryb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN AlbanyLength of stay in 1b
1 hr.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Gentry County Mem. Hosp.Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Gentryc. CITY
OR TOWN AlbanyInside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First WarrenMiddle MarshallLast Lainhart4. DATE
OF DEATHMonth JuneDay 21Year 1962

5. SEX

M

6. COLOR OR RACE

White7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-6-22

9. AGE (last birthday)

39

IF UNDER 1 YEAR

Months 6Days 12

IF UNDER 24 HR

Hours Min. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Salesman10b. KIND OF BUSINESS OR INDUSTRY
Car Salesman11. BIRTHPLACE (City and state or country)
Albany, Missouri12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

Walter Joseph Lainhart

13b. MOTHER'S MAIDEN NAME

Geraldine Flo Peters

14. NAME OF HUSBAND OR WIFE

Freida Marie Waller

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) Yes(If yes, give war or dates of service)
WW II

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Warren Lainhart, Albany, Mo.18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) _____

DUE TO (b) _____

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (c) _____

Coronary InsufficiencyINTERVAL BETWEEN
ONSET AND DEATH2 hrs.PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour _____
s.m. _____
p.m. _____20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Oct. 1956 to June 21, 1962 and last saw him alive on June 21, 1962
Death occurred at 1:38 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. D. L. Miller

22b. ADDRESS

Albany, Mo.

22c. DATE SIGNED

6-21-6223a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial

23b. DATE

6-23-62

23c. NAME OF CEMETERY OR CREMATORY

Grandview

23d. LOCATION (City, town, or county)

Albany, Gentry

(State)

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Brooks-Cochell Funeral Home, Albany, Mo.

25. DATE RECD. BY LOCAL REG.

June, 22, 1962

26. REGISTRAR'S SIGNATURE

Mrs. L. W. Bare

(Licensed Embalmers' Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 27 1962

JUN 28 1962

JUL 3 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by me, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald E. Coehel

Licensed Embalmer No. 4868

P. O. Address Albany, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.